

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
582442
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5	1		1			
6						
7		1		1		
8	1		1			
9						
10		2		2		
11		1		1		
12		1		1		
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50						
TOTAL IND.	1		5			
TOTAL DEP.		17		17		
TOTAL CLAIMS	1	17	5	17		

	* IND.		* DEP.		* INC.	
	IND.	DEP.	IND.	DEP.	INC.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY